## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 21, 2001 8:00 am **DOCUMENT #** N99000007487 Secretary of State 1. Entity Name Daytona Radio Control Racing Association Inc 05-21-2001 90342 017 \*\*\*\*70.00 Principal Place of Business Mailing Address 1190 Golf Ave 1190 Golf Ave Ormond Beach, FL 32174 Ormond Beach, FL 32174 Principal Place of Business 1190 Golf Avenue 3. Mailing Address 1190 Golf Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Ormond Beach, FL Ormond Beach, FL 59-3623295 Not Applicable Zip . 7 -Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 32174</u> USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Tim Davis 1190 Golf Avenue Street Address (P.O. Box Number is Not Acceptable) Ormond Beach, FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to . Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 President/Director Change ☐ Addition TITLE □ Delete TITLE Tim Davis NAME NAME 1190 Golf Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Ormond Beach, FL Secretary. Secretary / Director ☐ Change ★ Addition TITLE CX Delete TITLE Bean, Mike NAME NAME Legacy, Steve STREET ADDRESS 835 Dougherty St. STREET ADDRESS 341 Taylor Avenue CITY-ST-ZIP CITY-ST-ZIP New Smyrna Beach, FL 32168 <u>Daytona Beach FL</u> TITLE Treasurer /Director ☐ Defete TITLE Change ☐ Addition NAME NAME Davis, Alan STREET ADDRESS STREET ADDRESS 421 Sixth Street CITY-ST-ZIP CITY-ST-ZIP Holly Hill, FL 32117 ☐ Change TITLE ☐ Delete TITLE ☐ Addition Director Thank NAME Flowers, Shane STREET ADDRESS STREET ADDRESS 5 Palm Circle CITY-ST-ZIP CITY-ST-ZIP O<del>rmond Beach, FL 32176</del> ☐ Change TITLE Delete TITLE Addition Director Director NAME NAME Sanderson, Curt Lane, Rod STREET ADDRESS STREET ADDRESS 1405 John Anderson 124 Kingston Ave, Apt #1 CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL -321-76 Daytona Beach, FL 32114 ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/01

(386) 676-9001

Daytime Phone #